

State of Tennessee Health Services and Development Agency

Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243 **www.tn.gov/hsda** Phone: 615-741-2364 Fax: 615-741-9884

Notice of Beginning of Review Cycle

Applications will be heard **October 24, 2018 Meeting** at the Tennessee Health Services and Development Agency Meeting.(except for projects noted as **Consent Calendar which will be heard at the August 22, 2018 Meeting**).

*Denotes applications being placed on the 30 day review Consent Calendar.

+Denotes applications under simultaneous review.

This is to provide official notification that the Certificate of Need applications listed below have begun the review cycle effective **July 1, 2018**. The review cycle includes a 60-day period of review by the Tennessee Department of Health, the Tennessee Department of Mental Health and Substance Abuse Services, or the Tennessee Department of Intellectual and Developmental Disabilities. Upon written request by interested parties, the staff of the Tennessee Health Services and Development Agency shall conduct a public hearing. Certain unopposed applications may be placed on a "consent calendar." Such applications are subject to a review less than 60 days including a 30-day period of review by the Tennessee Department of Health, the Tennessee Department of Mental Health and Substance Abuse Services, or the Tennessee Department of Intellectual and Developmental Disabilities. Applications intended to be considered on the 30 day review consent calendar, if any, are denoted by an asterisk.

Pursuant to T.C.A. Section 68-11-1609(g) (1), any health care institution wishing to oppose a Certificate of Need must file a written objection with the Tennessee Health Services and Development Agency and serve a copy on the contact person for the applicant no later than fifteen (15) days before the agency meeting at which the application is originally scheduled for consideration.

For more information concerning each application you may contact the Tennessee Health Services and Development Agency at (615) 741-2364.

NAME AND ADDRESS

*Bartlett ASC, LLC 7845 US Highway 64 Bartlett (Shelby County), TN 38133 CN1806-026 Contact Person: Kim Looney Phone: 615-850-8722

Intrathecal Care Solutions, LLC d/b/a Advanced Nursing Solutions (ANS) 555 Marriott Drive, Suite 315, Office# 347 Nashville (Davidson County), TN 37214 CN1804-019

Contact Person: DeJarnette Trice

Phone: 877-443-4006

The Residence at Alive Hospice Murfreesboro 1629 Williams Drive Murfreesboro (Rutherford County), TN 37129 CN1806-025

Contact Person: John Wellborn

Phone: 615-665-2022

DESCRIPTION

The change of site for a previously approved but unimplemented CON, CN1605-020, which was for the establishment of a multispecialty ASTC. The new site is approximately ½ mile from the previous site and slightly over 1,000 feet from Saint Francis Hospital Bartlett. The applicant is owned by USP Tennessee, Inc. which is owned by USPI. The ultimate owner of both Saint Francis Bartlett and USPI is Tenet Healthcare, Inc. The estimated project cost is \$10,035,666.

The establishment of a home care organization limited to intrathecal and immunological infusion services in all 94 counties. The principal office will be located in Nashville (Davidson County). The applicant is owned by Advanced Vascular Solutions which is owned by Advanced Infusion Solutions Acquisitions, LLC. Advanced Infusion Solutions, a licensed pharmacy located in Mississippi and has common ownership with the applicant, compounds the specialty pharmaceuticals and currently ships the compounds to Tennessee patients. The estimated project cost is \$48,936.

The addition of 6 residential hospice beds to its existing 10 bed residential hospice facility. The applicant is owned by Alive Hospice, Inc. The estimated project cost is \$536,310.